



A CLOSER LOOK AT INFANT MORTALITY AND LOW BIRTHWEIGHT IN CALIFORNIA

Toward Healthier Babies

California's infant mortality rate in 2000 was 5.4 infant deaths per 1,000 live births, unchanged from 1999. There has been a 31.6 percent decline in California's infant mortality rate over the decade from 7.9 infant deaths per 1,000 live births in 1990 to the current figure in 2000.

A Baseline for Healthier Babies: 5.5 Lbs.

Low birthweight (less than 5.5 lbs. or 2500 grams) is the factor most associated with infant mortality. Babies who are low birthweight are 40 times more likely to die in their first year than healthy babies. Those who survive are more vulnerable to serious health and developmental problems, such as blindness, deafness, mental retardation and learning disabilities. Of the 531,285 infants born in California during 2000, 32,686 (or 6.2 percent) were low birthweight.

Key Causes of Low Birthweight

Late (second or third trimester) or no prenatal care and smoking, drinking or drug use during pregnancy are key factors in low birthweight.

Smoking is a leading contributor to infant mortality and low birthweight. Recent studies have indicated a relationship between maternal smoking and the risk of Sudden Infant Death Syndrome (SIDS), typically finding a two- to three-fold increase in risk among the children of smokers.

Nearly 10 percent of pregnant women in California smoke during their first and/or third trimester. Researchers estimate that smoking during pregnancy is linked to 20 to 30 percent of low birthweight births and 10 percent of infant deaths. The incidence of low birthweight babies among mothers who smoke is more than twice that of non-smokers.

More than 11 percent of live births in California involve exposure to drugs or alcohol, or both, while the mother is pregnant. Studies show that an average of one to two drinks daily during pregnancy is linked to low birthweight, growth abnormalities, behavioral problems and spontaneous abortions. Furthermore, alcohol use by pregnant women is the leading preventable cause of mental retardation in newborns in the United States.

The Financial Toll

While the emotional toll of caring for a low birthweight baby is difficult to estimate, the financial implications are clear. Care for low birthweight babies in neonatal intensive units can cost \$3,400 per day, totaling an average of \$28,000 per neonatal discharge. Each year the state of California spends more than \$356 million in Medi-Cal costs for neonatal intensive care.

Challenges and Opportunity

A total of 15.5 percent of all women who gave birth in California in 2000 received late (second or third trimester) or no prenatal care. Not only is this statistic a cause for concern, but also evidence of the potential for continuing improvements in birth outcomes through perinatal education and other efforts.

Women at Risk

While infant mortality rates in California have declined overall, rates among specific population groups continue to be of concern. Among those most at risk are African-American women, younger women, and low-income women of all ethnicities.

Following is a look at prenatal care, low birthweight and infant death statistics among a number of population groups in California, some low and others at high risk:

African-Americans

- In 2000, the infant death rate among African-Americans in California was 12.8, a decrease from 16.7 in 1990. Still, the rate is more than twice that of the total population (at 5.4 infant deaths per 1,000 live births).
- In 2000, 17.9 percent of pregnant African-American women received late (second or third trimester) or no prenatal care. This population also had the highest percentage of low birthweight infants (11.8 percent weighing under 5.5 lbs.).

Latinos

- In 2000, the infant death rate among Latinos in California was 5.3, a decrease from 7.4 in 1990.
- In 2000, 19.3 percent of pregnant Latino women received late (second or third trimester) or no prenatal care, while 5.5 percent of their babies were born with low birthweight.

Caucasians

- In 2000, the infant death rate among white women in California was 4.8, a decrease from 7.4 in 1990.
- In 2000, 10 percent of pregnant white women received late (second or third trimester) or no prenatal care, while 5.7 percent of their babies were born with low birthweight.

Asians

- In 2000, 12.4 percent of pregnant Asian women in California received late (second or third trimester) or no prenatal care, while 7 percent of their babies were born with low birthweight.

Pacific Islanders

- In 2000, 31 percent of pregnant Pacific Islander women in California received late (second or third trimester) or no prenatal care, while 5.7 percent of their babies were born with low birthweight.

American Indians

- In 2000, 26.1 percent of pregnant American Indian women received late (second or third trimester) or no prenatal care, while 5.8 percent of their babies were born with low birthweight.

In an ongoing effort to decrease infant mortality and combat low birthweight, the BabyCal campaign works to educate at-risk women statewide about the importance of early and ongoing prenatal care, practicing healthy behaviors during pregnancy and the availability of state programs that can help expectant mothers.

Sources: California Department of Health Services, Department of Alcohol and Drug Programs; California Department of Health Services, Birth Records; California Department of Health Services, Health Data and Statistics Branch; Health Care Financing Review, Vol. 8, No. 3; California Department of Health Services, California Vital Statistics 2000; National Center for Health Statistics, Monthly Vital Statistics Report, Vol. 43, No. 12; The Office of the US Surgeon General